TADE ING ANGO

FE7AN014

FEC FORM 3X

REPORT OF RECEIPTS **AND DISBURSEMENTS**For Other Than An Authorized Committee

RECEIVED

2014 DEC 10 PM 12: 33

OMICE COSE SAIVE CENTER

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: It over the lin	typing, type es.	12FE4M5	
	•					
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$						
<u> </u>						
ADI	DRESS (number and street)	POBCX;	1 1 4 1 0 9 8			
Check if different than previously reported. (ACC)						
		ORLANDC	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	للللل	F, L 3, 2	8 1 4 -
		UMBER ♥	CITY 🛦	S	STATE A	ZIP CODE ▲
	C 0 0 4 9 3 7	1 8	3. IS THIS REPORT	NEW (N) OR	AMENDS (A)	ED
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20 (M	8) Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M	Dec 00 (1440)
	• •		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M	
	April 15 Quarterly Report (Q1)	F-1		<u> </u>	
	July 15 Quarterly Report ((c) 12-Day	in the second se	čan. Per	General (12G)	Runoff (12R)
	October 15 Quarterly Report (Report for	the: Conver	ntion (12C)	Special (12S)	
	January 31 Year-End Report (Election on	/ 0.8 /		in the State of
	July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-Elec		ıl (30G)	Runoff (30R)	Special (30S)
	Termination Repor	Report for	M	m / 50 0 / 1 40 4	2 0 1 4	in the
			Election on		2 0 1 4	State of
5. Covering Period 1 0 1 6 2 0 1 4 through 1 1 2 4 2 0 1 4						
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer ALSSA LOPEZ ROGERS						
$(V \land A \land $						
Signature of Treasurer Date N M M						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.						
Office FORM 3						EC FORM 3X
1	Only				1 1	Rev. 12/2004